2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1850 43RD AVE., C-11

K37312 **DOCUMENT#**

1. Entity Name

Principal Place of Business

1850 43RD AVE., C-11

GEORGE M. BEUTTELL CITRUS, INC.



Apr 04, 2003 8:00 am & Secretary of State

P.O. BOX 2369 VERO BCH FL 32961-9369			P.O. BOX 2369 VERO BCH FL 32961-9369											
2. Principal Place of Business			3. Mailing Address					1130	1 0(1) 640 (1))? ({		01011 B)811 8	11) 0191! 18 5 1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State			4	4. FEI Number 65-0078428			B		 	plied For t Applicable
Zip	ip Country			Zip		Country		. Certifica	ite of Status	Desired		\$6 Fe	8.75 Add	litional
			~~~ <del>~</del> ~7	. Name a	nd Address	s of New	Registe	red Ag	ent·					
6. Name and Address of Current Registered Agent  Name														
BEUTTELL, GEORGE M.						0 111 100 0 111 111								
132 43RD AVE S.W.				Street Address			ess (P.O	(P.O. Box Number is Not Acceptable)						
VERU DU	H FL 32962													
						City						FL	Zip Cod	e
	named entity sub tions of registered	omits this statement for agent.	the purp	oose of changing its re	egistere	ed office or reg	gistered :	agent, or t	ooth, in the	State of F	Florida. I	am far	niliar with,	and accept
SIGNATURE.	Signature, typed or prin	nted name of registered agent a	nd title if app	olicable, (NOTE:	Registered	d Agent signature re	equired whe	n reinstating)	<u>-</u>		DA	ATE		<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Car Trust Fund (				\$5.0 Added	<b>0</b> May Be I to Fees
10.		RS				ADDITION	IS/CHANGE	S TO OF	FICERS	AND D	IRECTOR	S IN 11		
TITLE NAME STREET ADDRESS	D BEUTTELL, GE 1850 43RD AV			☐ Delete	TITLE NAME STREE	1							Change	Addition
CITY-ST-ZIP	vero BCH fl				CITY-	ST-ZIP								
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TITLE NAME				☐ Delete	TITLE								] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			****			·			Change	☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true de empowered to execute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: